

Value-Based Care in Rural Texas

Co-Leads:

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Workgroup Members

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HHSC should establish standards and a working definition for an Accountable Pharmacy Organization (APO), and work with stakeholders to increase engagement with APOs.

- Defining an APO provides clarity when discussing the types of pharmacy organizations involved in VBP contracting. The concept of an APO is distinct from other pharmacy contracting entities (i.e., pharmacy services administrative organization or PSAO).
- Increasing VBP arrangements with APOs should improve patient outcomes. Pharmacists will be incentivized to longitudinally engage patients when paid to produce outcomes and lower costs.



Legislative Report Recommendation #2

HHSC should develop guidance for MCOs to reimburse pharmacists for services within a pharmacist's scope of practice.

- It would be helpful if HHSC could provide additional clarity and guidance to MCOs for paying pharmacists for services under the medical benefit like all other providers. While MCOs could pay pharmacists today, low utilization may indicate a lack of knowledge about these payment options.
- It would be helpful for HHSC to provide a list of services that fall within a pharmacist's scope which may be reimbursable by MCOs.



Proposed Recommendation

 Medicaid payors offer Community Health Worker (CHW) training programs to provide broader services in rural community.





Future Presentations (1 of 2)

- Success/opportunities for expanded use of Community Health Workers (possible cross-over with non-medical drivers of health workgroup)
 - Aetna's CHW training program.
 - Challenges and successes to APMs in rural areas.
 Differences between APMs in urban vs. rural areas.
- Rural Advanced Community Paramedicine (ACP)
 - Washington County EMS (first in Texas; operating successfully over a decade)



Future Presentations (2 of 2)

- Texas Vendor Drug Program
- CMS Emergency Triage, Treat and Transport (ET3) model
- Various Accountable Pharmacy Organizations (APOs)
- Pharmacy Quality Solutions (PQS)